What Works Clearinghouse

ies INSTITUTE OF EDUCATION SCIENCES

ALAS: Achievement for Latinos through Academic Success

Program description

ALAS, an acronym for "Achievement for Latinos through Academic Success" that means "wings" in Spanish, is a middle school (or junior high school) intervention designed to address student, school, family, and community factors that affect dropping out. Each student is assigned a counselor who monitors attendance, behavior, and academic achievement. The counselor provides feedback and coordinates students, families, and teachers. Counselors also serve as advocates for students and intervene when problems are identified. Students are trained in problem-solving skills, and parents are trained in parent-child problem solving, how to participate in school activities, and how to contact teachers and school administrators to address issues.

Research

One study of *ALAS* met the What Works Clearinghouse (WWC) evidence standards. This study included 94 high-risk Latino students entering seventh grade in one urban junior high school in California. The study examined the program's effects on whether students stayed in school and progressed in school. These outcomes were measured at the end of the intervention (ninth grade) and two years after the intervention had ended (11th grade).[1]

Effectiveness

ALAS was found to have potentially positive effects on staying in school and potentially positive effects on progressing in school at the end of the intervention (ninth grade).

	Staying in school	*Progressing in school*	*Completing school*
Rating of effectiveness	Potentially positive effects	Potentially positive effects	Not reported
Improvement index	+42 percentile points	+19 percentile points	Not reported

1. The evidence presented in this report is based on available research. Findings and conclusions may change as new research becomes available.

Additional program information

Developer and contact

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Scope of use

ALAS was implemented in a junior high school in Los Angeles in 1990, beginning with a cohort of students entering seventh grade. Students could participate as long as they remained in the school (up to three years). A second cohort of students who entered seventh grade in 1991 also participated in the intervention but was not part of the research. No *ALAS* replications have been identified.

Description of intervention

ALAS serves students identified as at risk of dropping out because of low academic performance and behavior problems. Students were identified to be at risk if their sixth-grade teacher rated them below the classroom average on a six-item rating scale provided by the *ALAS* developer.[2] The intervention consists of six related strategies:

- *Monitor attendance.* Student attendance is monitored period-by-period, and students are required to make up missed school time. Parents are contacted daily about student truancy or extended absences.
- *Improve student social and task-related problem-solving skills*. *ALAS* students receive 10 weeks of problem-solving skills instruction during the first year and two years of follow-up prompting and counseling on solving problems. The curriculum for the problem-solving skills instruction was developed by Larson and provided training on such topics as recognizing when a problem begins, defining problems clearly, and controlling impulsive reactions.[3]
- *Provide feedback from teachers to parents and students*. Teachers provide weekly and, if needed, daily feedback to students and parents about how students are doing with classroom behavior, assignments, and homework.
- *Teach parents how to participate in schools and how to manage their son's or daughter's behavior.* Parents are trained in parent-child problem solving and parent participation in schools. Parents receive instruction and modeling on how to reduce their child's inappropriate behavior and promote desirable behavior.
- *Provide recognition and bonding activities*. *ALAS* students participate in social events set up by the program, and staff talk with parents to let them know their child met goals or improved behavior.
- *Connect students and families with community services*. *ALAS* staff helps students and parents use such community and social services as psychiatric and mental health services and alcohol and drug counseling.

ALAS is delivered by supervisors, counselors, and clerical staff, who are housed in an office on the school campus.[4] The intervention is intended to last for the three years of middle (or junior high) school.

2. Sixth-grade teachers, using a six-item rating scale, evaluated students on need of supervision, level of motivation, academic potential, social interaction skills, difficulty to teach, and need for special education.
3. For more information see Larson (1989).
4. Gándara, Larson, Mehan, and Rumberger (1998) reported that an *ALAS* program serving 107 students was implemented by a half-time supervisor, three counselors, and a half-time clerk.

Additional program information *(continued)*

Cost

The intervention cost $1,185 per participant a year (expressed in 2005 dollars).[5] The bulk of costs are for ongoing activities—mostly salaries of supervisors, counselors, and clerical staff. Some startup costs are associated with training *ALAS* staff and teachers to deliver the problem solving skills curriculum to students.

Research

One study reviewed by the WWC investigated the effects of *ALAS*. The study (Larson & Rumberger, 1995) was a randomized controlled trial that met WWC evidence standards.[6]

Larson and Rumberger (1995) included 94 high-risk students who entered junior high school in Los Angeles as seventh graders in 1990, with 46 students randomly assigned to *ALAS* and 48 assigned to the control group. The study measured outcomes at the end of ninth grade (the last year of the intervention) and the end of 11th grade (two years after the intervention ended).[7]

Effectiveness

Findings

The WWC review of interventions for dropout prevention addresses student outcomes in three domains: staying in school, progressing in school, and completing school.[8]

Staying in school. For staying in school, the study showed statistically significant positive effects on some outcomes and no statistically significant negative effects. Larson and Rumberger (1995) reported that, at the end of the intervention (the end of ninth grade), *ALAS* students were significantly more likely than control students to be enrolled in school (98% compared with 83%). Two years after the intervention had ended (the end of 11th grade), a larger fraction of *ALAS* students than control students were enrolled in school (75% compared with 67%), but the difference was not statistically significant. For the subgroup analyzed in Gándara, Larson, Mehan, and Rumberger (1998), *ALAS* students were more likely than control students to be enrolled at the end of 10th grade (86% compared with 69%), but the difference was not statistically significant.

Progressing in school. For progressing in school, the study showed statistically significant positive effects on some outcomes and no statistically significant negative effects. Larson and Rumberger (1995) reported that, for students who remained in a district school (did not drop out or transfer out of district), *ALAS* students were more likely than control students to be on track to graduate on time at the end of ninth grade (72% compared with 53%). The difference was statistically significant. Two years after the intervention had ended, and for students who remained in a district school, more *ALAS* students than control students were on track to graduate on time at the end of 11th grade (33% compared with 26%), but the difference was not

5. The Consumer Price Index was used to convert the cost estimates expressed in 1990 dollars to 2005 dollars. Cost estimates from Gándara et al. (1998).
6. An additional analysis in Gándara et al. (1998) focused on outcomes in grades 9–12 for a subsample of the initially randomly assigned sample (81 of 94 students). The analysis meets WWC standards with reservations because different rules were used to exclude students from the treatment group and the control group. Here, these results are treated as a subgroup analysis, which does not bear on the intervention's rating of effectiveness.
7. The outcomes for progressing in school were collected only for students who continued to be enrolled in the district, which depends on whether students dropped out. Therefore, the analysis of these outcomes meets WWC standards with reservations.
8. Throughout this report, findings are first presented for the lead study, Larson & Rumberger (1995), which includes the full study sample. Follow-up findings are presented for the subgroup analyzed in the additional study, Gándara et al. (1998).

Effectiveness *(continued)*

statistically significant. For the subgroup analyzed in Gándara et al. (1998), a statistically larger proportion of *ALAS* students had earned enough credits to graduate from high school on time, measured at the end of ninth grade (75% compared with 44%) and at the end of tenth grade (44% compared with 22%).

Completing school. For the subgroup analyzed in Gándara et al. (1998), *ALAS* students had higher graduation rates at the end of 12th grade (32% compared with 27% of the control group), but the difference was not statistically significant.[9]

Rating of effectiveness.[10]

The WWC rates interventions as positive, potentially positive, mixed, no discernible effects, potentially negative, or negative. The rating of effectiveness takes into account four factors: the quality of the research design, the statistical significance[11] of the findings, the size of the difference between participants in the intervention condition versus the comparison condition, and the consistency in findings across studies (see the WWC Intervention Rating Scheme).

The WWC found *ALAS* to have potentially positive effects for staying in school and progressing in school

Improvement index

The WWC computes an improvement index for each individual finding. In addition, within each outcome domain, the WWC computes an average improvement index for each study and an average improvement index across studies (see Technical Details of WWC-Conducted Computations). The improvement index represents the difference between the percentile rank of the average student in the intervention condition versus the percentile rank of the average student in the comparison condition. Unlike the rating of effectiveness, the improvement index is entirely based on the size of the effect, regardless of the statistical significance of the effect, the study design, or the analysis. The improvement index can take on values between -50 and +50, with positive numbers denoting favorable results.

The improvement index for staying in school is +42 percentile points (at the end of the intervention, ninth grade). The improvement index for progressing in school is +19 percentile points (at the end of the intervention, ninth grade).

Summary

The WWC reviewed one study on *ALAS* that met WWC standards. This study found potentially positive effects on staying in school and potentially positive effects on progressing in school. The WWC reviewed an additional study based on a subgroup of *ALAS* students from the Larson and Rumberger study. The evidence presented in this report is limited and may change as new research emerges.

9. Because these findings are based on a subgroup, they are not included in the rating of effectiveness.
10. Ratings are based on the results for the full sample (Larson & Rumberger, 1995) at the end of the intervention, ninth grade.
11. The level of statistical significance was reported by the study authors or, where necessary, calculated by the WWC to correct for clustering within classrooms or schools and for multiple comparisons. For an explanation, see the WWC Tutorial on Mismatch. See Technical Details of WWC-Conducted Computations for the formulas the WWC used to calculate the statistical significance. In the case of *ALAS*, no corrections were necessary.

References

Met WWC evidence standards

Larson, K. A., & Rumberger, R. W. (1995). ALAS: Achievement for Latinos through Academic Success. In H. Thornton (Ed.), *Staying in school. A technical report of three dropout prevention projects for junior high school students with learning and emotional disabilities*. Minneapolis, MN: University of Minnesota, Institute on Community Integration.[12]

Additional sources:

Gándara, P., Larson, K. A., Mehan, H., & Rumberger, R. W. (1998). *Capturing Latino Students in the Academic Pipeline.* Berkeley, CA: Chicano/Latino Policy Project.[13]

Rumberger, R. W., & Larson, K. A. (1994). Keeping high-risk Chicano students in school: Lessons from a Los Angeles junior high school dropout prevention program. In R. J. Rossi (Ed.), *Educational Reforms for At-Risk Students* (pp. 141–162). New York: Teachers College Press.

Larson, K. A., & Rumberger, R. W. (1995). Doubling school success in highest-risk Latino youth: Results from a middle school intervention study. In R. F. Macías and R. G. García Ramos (Eds.), *Changing Schools for Changing Students*. Santa Barbara: University of California Linguistic Minority Research Institute.

Larson, K. A. (1989). Task-related and interpersonal problem-solving training for increasing school success in high-risk young adolescents. *Remedial and Special Education*, *10*(5), 32–42.

For more information about specific studies and WWC calculations, please see the WWC *ALAS* Technical Appendices.

12. The study also analyzed students served by *ALAS* who had learning disabilities or who were classified as emotionally disturbed. This analysis did not meet WWC standards because it was a quasi-experimental design with pretest differences between the participant and comparison groups that were not controlled in the analysis.

13. This analysis focused on a subsample of the initially randomly assigned sample (81 of 94 students). It meets WWC standards with reservations because different rules were used to exclude students from the treatment group and the control group. Here, the additional study is treated as a subgroup analysis, which does not affect the intervention rating of effectiveness.